



OFFICE OF PUBLIC INSTRUCTION

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Linda McCulloch
Superintendent

July 2006

To: School Food Authority Administrators – Milk Only Program

From: Christine Emerson, Director
School Nutrition Programs



Re: Free Milk Benefits

The following forms are available on the School Nutrition Programs website at www.opi.mt.gov/schoolfood/index.html in the Lunch, Breakfast, Snacks and Milk page. These forms are **required** to successfully administer the School Nutrition Programs. If you have trouble downloading any of these forms, please contact our office at (406) 444-2501.

Required forms include:

- Public Release
- Letter to Households (*front and back: must be sent with the free and reduced-price school meals application*)
- 2006-2007 Free and Reduced-Price School Meals Application (*front and back*)
- Notification Letter (*must be sent for all applications received*)
- 2006-2007 Income Eligibility Guidelines (*these are the official guidelines that are used to determine free and reduced-price eligibility based on income*)

Insert your district's specific information in the **[bold bracketed fields]**. If you make additional changes, you must submit them to the state agency for approval. The pages are designed to be printed on 8½" x 11" paper. For your convenience, we have enclosed a NEW document; the Student Eligibility Documentation for Transfer Students.

The Department of Public Health and Human Services mails a Direct Certification Letter each year in August to each household eligible for food stamps. Please ask families receiving the letter to submit it to the district. An application does not need to be completed if the Direct Certification letter is on file in your school district.

Enclosures

LETTER TO HOUSEHOLDS – PRICING PROGRAM
SPECIAL MILK PROGRAM

[Insert District Letterhead]

Dear Parent/Guardian:

[Name of District] offers milk every school day. Your children may buy milk for **[\$]** per half-pint.

To apply for free milk, use the Free and Reduced-Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [Name, Address, Telephone].**

Here are answers to questions you may have about applying:

1. Who can get free or reduced-price milk? Children in households getting Food Stamps, TANF, or FDPIR, and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free milk.

2. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

3. If I don't qualify now, may I apply again later? Yes. You may apply or re-apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF, or FDPIR.

4. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[Name, Address, Telephone].**

If you have other questions or need help, call **[Toll Free Telephone]** at no cost.

Sincerely,

[Signature]

INSTRUCTIONS FOR APPLYING

List all children in the household on the same application with the exception of foster children. Use a separate application for each foster child.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** List the child's name, school, and grade.
Part 2: List the child's personal use monthly income, if any.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

If your household gets FOOD STAMPS, TANF, or FDPIR, follow these instructions:

- Part 1:** List each child's name, school, grade, and Food Stamp, TANF, or FDPIR case number. Indicate which (Food Stamp, TANF, or FDPIR) the child is eligible to receive.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List each child's name, school, and grade.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another sheet of paper if you need to.
Column 2–Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your supervisor can tell you. Next to the amount, write how often you got it (annually, weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Workers' Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income (Line 22 on 1040 Form.)
Column 3–Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and list his or her Social Security Number.
Part 5: Answer this question if you choose to.

NOTIFICATION LETTER - PRICING PROGRAM
SPECIAL MILK PROGRAM

[Date]

Dear Parent/Guardian:

Your application for free milk for your child(ren) has been:

- ☐ Approved
- ☐ Temporarily approved for free milk until _____
- ☐ Denied for the following reason(s):
 - ☐ Income is over the allowable amount
 - ☐ Incomplete application. The following information is missing _____
 - ☐ Other _____

If you do not agree with the decision, you may discuss it with the school official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing to the following hearing official:

_____ [Hearing Official]	_____ [Address]	_____ [Telephone]
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If approved for free milk, your household application is good for one school year. If you did not qualify, you may reapply for free milk benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or qualify for food stamps, FDPIR, and/or TANF benefits, you may fill out an application at that time.

Sincerely,

[Signature]

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PUBLIC RELEASE
SPECIAL MILK PROGRAM

[Name of District] announces the 2006-07 policy for Free Milk for students whose schools participate in the U.S. Department of Agriculture Special Milk Program. The complete policy is on file in the central office and may be reviewed by any interested party.

Children from households whose income is at or below the levels shown in the following chart may be eligible for free milk.

FEDERAL INCOME CHART For School Year 2006-07			
Household Size	Yearly(\$)	Monthly(\$)	Weekly(\$)
1	18,130	1,511	349
2	24,420	2,035	470
3	30,170	2,560	591
4	37,000	3,084	712
5	43,290	3,608	833
6	49,580	4,132	954
7	55,870	4,656	1,075
8	62,160	5,180	1,196
Each Additional Person	6,290	525	121

Application forms will be sent to each home with a letter to parents or guardians. To apply for free milk, households must fill out the application and return it to the school. If a household is eligible for food stamps the household will receive a Direct Certification letter from the Montana Department of Public Health and Human Services in the mail. **This letter may be used in place of the school meals application.**

Applications may be submitted at any time during the year. Households will be notified of eligibility determination. At any time during the school year, program officials may verify an application. Households dissatisfied with the ruling of the officials have the right to a fair hearing. This may be done by calling or writing to:

[Hearing Official]

[Address]

[Telephone]

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